

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019201

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 690

FILED JUN 12 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
1 <u>5117</u>		
2 <u>5117</u>		
3 <u>2</u>		
4 <u>0</u>		
5 <u>2</u>		
6 <u>0</u>		
7 <u>0</u>		
8 <u>2</u>		
9 <u>162.1</u>		
10 <u>1290-0</u>		
11 <u>1-0</u>		
12		
13		

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
H.A. CURRY, M.D.
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 2 yrs	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 Trevillian Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 811 Trevillian Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EUGENE Middle D Last SMITH		4. DATE OF DEATH Month June Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Logger		10b. KIND OF BUSINESS OR INDUSTRY Timber	9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. FATHER'S NAME James Smith		11b. MOTHER'S MAIDEN NAME Mellessa Messner	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME James Smith		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Margaret E. Vinson, St. Joseph, Mo.		Address 811 Trevillian	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO (b) Bronchogenic Cancer of Lung DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 P Month, Day, Year 6/6/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Carrollton		STATE Missouri
21. I attended the deceased from 6/6/63 to 6/6/63 and last saw him alive on 6/6/63 Death occurred at 7:00 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H.A. Curry M.D.	
22b. ADDRESS 811 Trevillian Dr. St. Joseph, Mo.		22c. DATE SIGNED 6/7/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/7/63	23c. NAME OF CEMETERY OR CREMATORY Trotter Cemetery	23d. LOCATION (City, town, or county) (State) Carrollton Missouri
24. FUNERAL DIRECTOR James Funeral Home		25. DATE RECD. BY LOCAL REG. June 10, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.